

**ASSESSOR NOTIFICATION**  
**PROPERTY CLAIMED FOR MORE THAN 12 YEARS**  
**SEE INSTRUCTIONS**

**SECTION 1. Notice of Intent.**

**Municipal Code:**     
(see pages 5 and 6)

**1A. MUNICIPALITY OF** \_\_\_\_\_

Dear Assessor: Pursuant to **36 MRSA § 6653**, you are hereby notified that :

\_\_\_\_\_ (applicant name)  
intends to file an application with Maine Revenue Services for reimbursement of property tax associated with eligible business property first placed in service in Maine after April 1, 1995 for taxes assessed April 1, \_\_\_\_\_.

**1B. Claimant is a:** Corporation ☐ Partnership ☐ Sole Proprietor ☐ LLC ☐

**SECTION 2. Schedule for Business Equipment Tax Reimbursement. (Attach additional sheets if needed)**

The eligible business property is situated at (street address, map & lot, account #, etc.): \_\_\_\_\_

Valuation components determined by the local tax assessors establish an essential basis for taxpayers wanting to participate in this program. I am requesting that you provide information pertaining to the **assessed value** for eligible business property in Column F and **relevant assessment information** in Section 3. Please enter the necessary information **sorted by "Number of Years Claimed"** and return this schedule to me within 60 days or make this information available to me when the tax bills are issued, whichever occurs later. I believe the following listed property constitutes eligible business property which is eligible for reimbursement by the State of Maine.

<b>A.</b> Property Description Category	<b>B.</b> State of Origin (if acquired used)	<b>C.*</b> Number of Years Claimed	<b>D.</b> Original Assessment Year	<b>E.</b> Original Cost	<b>F.</b> Assessed Value (To be completed by local tax assessor.)
1. Machinery & Equipment .....	_____	13	/	\$ _____	\$ . _____
2. Furniture .....	_____	13	_____	_____	_____
3. Other.....	_____	13	_____	_____	_____
4. TOTALS (for columns E & F, add lines 1, 2, and 3) .....				_____	_____
5. Value Limitation .....					.75
6. Allowable Assessed Value (in column F, multiply line 4 by line 5) .....					_____
7. Machinery & Equipment .....	_____	14	_____	_____	_____
8. Furniture .....	_____	14	_____	_____	_____
9. Other.....	_____	14	_____	_____	_____
10. TOTALS (for columns E & F, add lines 7, 8 and 9) .....				_____	_____
11. Value Limitation .....					.70
12. Allowable Assessed Value (in column F, multiply line 10 by line 11) .....					_____
13. Total Allowable Assessed Value (column F, line 6 plus column F, line 12) .....					\$ _____

\* **Form 801B is for property claimed more than 12 years. See instructions for this form.**

**SECTION 3. Property Tax Information (To be completed by local tax assessor.)**

Property Tax Rate \_\_\_\_\_ Assessed Tax \$ \_\_\_\_\_ For Taxes Assessed April 1, \_\_\_\_\_

Assessor Signature \_\_\_\_\_ Municipality Name \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Taxpayer (or agent) signature

\_\_\_\_\_  
Social Security number or federal EIN (see note, p.4)

\_\_\_\_\_  
Date

MAINE REVENUE SERVICES  
24 STATE HOUSE STATION  
AUGUSTA, ME 04333-0024

Temp - Return Service Requested

PRESORTED  
STANDARD MAIL  
U.S. POSTAGE  
**PAID**  
PERMIT NO. 8  
AUGUSTA, ME